

APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE LICENSE.

APPLICANT HEREBY AGREES THAT ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY PERSON HAVING ANY INTEREST, DIRECT OR INDIRECT, EITHER IN THE PREMISES OR IN THE BUSINESS TO BE LICENSED, FOR ANY LICENSE OR PERMIT SHALL BE DEEMED AND MADE A PART HEREOF AND CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTING UPON THIS APPLICATION.

THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of PARTNERSHIP

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge; that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Dated 3/26/99

Nicholas Dileo

(Signature of applicant or of each partner)

(Residence)

(Home Phone)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION

certifies that he is (Title)

of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Dated 3/26/99

(Signature of authorized officer)

(Residence)

(Home Phone)

RENEWAL APPLICATION

RETAIL BEER LICENSE

OFF PREMISES CONSUMPTION

(Entry to be made by State Liquor Authority)

250 Broadway, New York, N.Y. 10007

99 Washington Ave., Suite 1806, Albany, N.Y. 12210

125 Main Street, Buffalo, N.Y. 14203

ENDORSEMENT or DUPLICATE

Zone County Serial Class Deposit Date Slip No.

Fee \$ Audited by

Endorsement Cert.

Dup. Cert. No. Date

Approved by

ENTRY RECORD

Zone County Serial Class Deposit Date Slip No.

Fee \$ Audited By

APPLICATION APPROVED

DATE

S.L.A. By

RECEIVED
STATE LIQUOR AUTHORITY

APR 15 1999

CAROLYN MCKNIGHT

089308

NOTE: FEES SUBJECT TO
INCREASE APRIL 1

DYKER PARK HOT BAGELS INC

A 43905

713 86TH STREET

KING 05/01/99

BROOKLYN

NY 11228

RECEIVED APR 06 1999

1

43905 122

122

1

330.00

X

Credit
Period
Group #

Certificate
Number

Write these numbers
on your check

License
Class Code

Zone
Office

FEE

22 1 KING A 43905 122

DATA ENTERED

ORIGINAL

STATE OF NEW YORK
LIQUOR AUTHORITY250 Broadway, New York, N.Y. 10007
99 Washington Ave., Suite 1806, Albany, N.Y. 12210
125 Main Street, Buffalo, N.Y. 14203RENEWAL APPLICATION
RETAIL BEER LICENSE
OFF-PREMISES CONSUMPTION

The Original and Local Board Copy of this application for 3 year renewal must be properly executed and signed and mailed in the enclosed return envelope and must be accompanied by the following:

- (1) CERTIFIED CHECK, BANK OFFICERS' CHECK or DRAFT, or MONEY ORDER for the required fee payable to the order of the State Liquor Authority.
- (2) ORIGINAL BOND, issued by any surety company authorized to execute such bonds in the State of New York. Such bond must be completely filled out, signed and dated by both the surety company and the licensee, and must be effective for the full term of renewal period.
- (3) Such other documents as required by reason of answers made to questions in this application and/or set forth in Instruction Form A-4.

ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (See Instructions on enclosed Form A-4)
Any false answer or statement made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

The applicant hereby applies for a renewal of RETAIL BEER license now held by applicant.

Full name of applicant. (If partnership, name all partners) Nicholas Dileo John Dileo Michael Persico		Trade name or other names under which applicant does business XXXXXXXXXX XXXXXX XXXXXX	
Street address of premises to be licensed 713 86 th Brooklyn NY 11228		Post office address of premises (if different)	
City, town or village. - Zip Code Brooklyn NY	County Kings	City, town or village. - Zip Code (if different)	Telephone No.
Name of owner of building in which the premises to be licensed are located Michael Persico		Address of owner of building 6717 11 th Ave Brooklyn NY	

1. (a) Give total number of off-premises beer licenses now held (including this one).

- (b) List all the off premises beer licenses held by the same "person" making this application.

("Person" includes an individual, co-partnership, corporation, society or joint stock company.)

1. Total Number of Licenses Held
(a) 1

Annual fees for licenses to sell beer at retail for off-premises consumption are as follows: \$75.00 in cities and in incorporated villages having a population of 1500 or more. \$37.50 elsewhere. Where, however, the applicant is the holder of two such licenses, the annual fee for each additional license thereafter issued to such licensee shall be double the amount hereinabove set forth.

Licenses No.	Full name of Applicant-Licensee	Address (Add Rider if more space is needed)	County	Fee
	DYKER PARK Hot Bachel, Inc	713 86 th St Brooklyn NY	Kings	330.00
	exp 4-30-99			

2. If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority, answer "YES" in Box #2 and set forth details of changes in facts in the appropriate schedules A and/or B below. If no changes in facts have occurred, answer "NO" in Box #2.

2. Yes or No

NO

Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have been reported to the Authority or having been reported had not been acknowledged by the Authority.

Name of Defendant	Connection with business (Licensee, employee, patron or other)	Crime or Offense	Date	Disposition in each case

Use this schedule "B" to set forth details of such "changes" (other than arrests, etc.) which had not been reported to the Authority or having been reported had not been acknowledged by the Authority.

Nature of Change	Date	Details

If change is in corp. setup, please indicate if anyone not presently a principal is involved.

3. (a) Did anyone assist you in preparing this application?

Yes or No

Name, address and business

- (b) If so, give name, address and business of each such person.

4. (a) NO

(b)

IT IS NOT NECESSARY FOR YOU TO EMPLOY ANY PERSON, AGENCY OR ORGANIZATION TO ASSIST YOU IN FILING THIS APPLICATION. BEWARE OF PERSONS CLAIMING TO BE ABLE TO ASSIST YOU IN SECURING ACTION ON YOUR APPLICATION.

Please remove perforated margins before filling out application

NEW

SECTION A

NEW YORK STATE LIQUOR AUTHORITY

APPLICATION FOR ALCOHOLIC BEVERAGE RETAIL LICENSE

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1.) **APPLICANT NAME** Dyker Park ^{Hot} Bagels Inc
TRADE NAME (D/B/A) _____
Premises Street Address 713 86th Street
City, Town or Village Brooklyn New York **ZIP** 11228
County Kings **Tel. No.** _____
Between what streets _____
Premises Post Office Address (if different from above) _____

2.) **LANDLORD NAME** John DiLeo & Michael Persico
Landlord address 713 86th Street
City, Town or Village Brooklyn New York **ZIP** 11228
Telephone No. _____

3.) **ATTORNEY/REPRESENTATIVE NAME** Flynn & Flynn
Office Address 237 Beach 116th Street
City, Town or Village Rockaway Park New York **ZIP** 11694
Telephone No. 718-945-1000

4.) **Alcoholic Beverage License class:** Grocery Store Beer

5.) **TOTAL PAYMENT DUE** \$ 350

6.) **PENAL BOND DUE** \$ 1,000.

397561

APPROVED 1 2 2
RECEIVED
LICENSING BOARD
NOV 10 1995
OCT 25 1995

LICENSING PROCESSING
11/1/95 cm

Date filed: 10/25/95
County Code # **KING**

Local Board Action:
STATE LIQUOR AUTHORITY action:

Approval Disapproval
Approval Disapproval

Date of ISSUANCE: **OK TO ISSUE**
LICENSE PROCESSING
MAY 15 1996
MYR

SERIAL NUMBER: **A-43905**

DATA ENTERED
DESK TRACKED

7.) TO BE FILLED IN ONLY BY INDIVIDUAL OR PARTNERSHIP APPLICANTS

Name of applicant	Residence	Citizenship	DOB

8.) TO BE FILLED IN ONLY BY LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP

Name	Member or Manager Position	% of Ownership Interest

9.) TO BE FILLED IN ONLY BY CORPORATION APPLICANTS

(a) State under what law applicant was organized:	New York
(b) Date of organization:	8/8/95
(c) If applicant is a foreign corporation, has a certificate of authority been obtained to do business in this state?	NO <input type="checkbox"/> YES <input type="checkbox"/>
(d) If YES, date of certificate:	
(e) Name of principal place of business:	Dyker Park Bagels Inc
(f) Address of principal place of business:	713 86th Street Brooklyn
(g) Number of outstanding shares:	60
(h) List names and addresses of the STOCKHOLDERS, all OFFICERS and DIRECTORS as of the date of filing of this application:	

Name of Stockholder/ Officer/Director	Residence	Citizenship	Title	No. of Shares	Birth Date
Nicholas DiLeo		USA	Pres/Dir	20 Common	
Michael Persico		USA	V Pres/Dir	20 Common	
John DiLeo		USA	Sec/Dir	20 Common	

10(a) Does applicant occupy said premises under a written lease or option to lease?

NO ☐ YES ☒

(b) If YES, state name and address of immediate lessor?

John DiLeo & Michael Persio
713 86th Street Brooklyn NY

(c) Date and Duration of lease:

9/15/95-10 Years

(d) Do the terms of the lease or other arrangement require payment by the applicant of any consideration based on a percentage of the receipts of the business?

NO ☒ YES ☐

(e) If YES, state percentage and give details:

N/A

11.(a) Is any license under the Alcohol Beverage Control Law now in effect for the premises for which this application is filed?

NO ☒ YES ☐

(b) If YES, state name of licensee:

N/A

(c) License number:

N/A

12(a) Will any other business of any kind be carried on in said premises?

NO ☒ YES ☐

(b) If YES, provide details:

N/A

13.) Are the said premises located in a district created under any zoning laws which restricts the maintenance of a business at the premises to be licensed?

NO ☒ YES ☐

14.) Do said premises comply with all applicable building, fire and health laws, ordinances and regulations?

NO ☐ YES ☒

15(a) Are premises located within 200 feet of a building occupied exclusively as a school, church, synagogue or other place of worship, which is located on the same street or avenue?

NO ☐ YES ☐
GROCERY STORE ☒

(b) If YES, state what date said premises have been continuously licensed under the Alcoholic Beverage Control Law?

N/A

(c) If YES, provide the names and addresses in Section D, Statement of Area Plan, and indicate on the Block Plot Diagram?

RECEIVED
OCT 31 1995
STATEN ISLAND AUTHORITY
NEW YORK, N.Y.

16.) Did you notify the appropriate Community Board or Municipality of your application and submit the original proof of mailing with your application?

NO ☐ YES ☒

17(a) Does any person not an applicant herein, or if a corporate applicant, any person not an officer, director or

NO ☒ YES ☐

stockholder of such corporation any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed or has made any loan to the applicant for said business, or has any lien or mortgage on the fixtures in the business?

- (b) If so, state the names and addresses of such persons, the nature of their interest and the date when it was acquired?

Name	Address	Date Acquired
------	---------	---------------

N/A

- 18(a) Does any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation, or any person not reported in questions above, share, or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business, to any extent whatsoever.

No X Yes

- (b) If so, state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Stock shares	Date Acquired
------	---------	--------------	---------------

N/A

- 19(a) Has the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders any interest, directly or indirectly, in any premises or business where any alcoholic beverage is manufactured or sold at wholesale or retail, whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?

NO X YES

- (b) If YES, state the name and addresses of the premises, the license number, the date the interest was acquired and the exact nature of the interest.

NO N/A YES

- 20(a) Has the applicant or (if partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders, or any agent or employee of the applicant, ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except traffic infractions?

NO YES X

- (b) If YES, state date of conviction, crime or offense involved and name of person convicted. In each case a CERTIFICATE OF DISPOSITION or a CERTIFICATE OF CONVICTION by the Court Clerk must be attached.

Crime or offense

110-115.00

Date

10/30/82

Name of person convicted

Nick DiLeo

DWI

2/13/82

Michael Persico

21(a) Are there any ARRESTS, INDICTMENTS or SUMMONS (except for traffic infractions) PENDING against the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders, or any agent or employee of the applicant?

NO ☐ YES ☐

(b) If YES, state date of conviction, crime or offense involved and name of person convicted. In each case a CERT

Crime or offense

Date

Name of person convicted

22.) Federal Taxpayer Identification No.:

Pending

(b) If you did not provide your Tax Number, indicate the reason:

Number applied for and pending ☒

Number not required, exempt organization ☐

22.) Certificate of Authority to Collect Sales Taxes Number: (Please attach a copy if in your possession).

Pending

23(a) Are you an employer or corporation with one or more employees?

NO ☐ YES ☒

If YES, complete the following:

(b) Worker's Compensation Policy Number:

Pending

(c) Company:

(d) Effective Date:

(e) Disability Benefits Number:

Pending

(f) Company:

(g) Effective Date:

APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

See INSTRUCTIONS for complete explanations.

24.) Financial Documents.

25.) Fingerprint Cards.

26.) Contracts.

27.) Photographs.

28.) Diagrams.

LIST OF EXPENSES FOR THIS VENTURE

All applicants must complete Section B.

Expense Item (Actual or Estimated):

1. Real Property \$260 000
2. Fixtures & Equipment \$25 000
3. Inventory \$13 050
4. Security Deposit -0-
5. Attorney/Representative Fees \$1 500
6. Operating Capital \$2 100
7. Miscellaneous Expenses -0-
8. SLA Fees \$350
9. First Month's Rent and Any Paid to Date -0-
10. Renovations \$8 000
11. Goodwill -0-
12. Other -0-
13. Total Cash \$ 100 000
14. Total Deferred \$ 210 000
(Total Deferred includes loans, mortgages, lines of credit, notes, etc.)
Explain how deferred: Mortgage on Bldg-\$210 000
15. Total Cost \$ 310 000

INVENTORY EXPENSES AND STIPULATION

Grocery Store applicants ONLY must complete Section I.

DISPLAYED INVENTORY

1.	Dairy Products	\$ 2 500
2.	Canned Goods	\$2 000
3.	Baked Goods	\$1 500
4.	Fruits and Vegetables	-0-
5.	Butchered Meats (excluding cold cuts)	-0-
6.	Other Groceries	\$1 500
7.	Cold Cuts	\$1 500
8.	Fish	-0-
9.	Snack Foods (potato chips, pretzels, etc.)	\$750
10.	Soda and Confectionary Drinks	\$1 000
11.	Beer/Wine Products (anticipated amount)	\$1 500
12.	Drugs	-0-
13.	Tobacco Products	\$800
14.	Toys and Other Games	-0-
15.	Other Miscellaneous	-0-
16.	TOTAL	\$ 13 050

NOTE: Items 1 through 8 must be at least 50% of the total to qualify.

"Displayed Inventory" shall mean consumer items removed from cases or quantity transportation packaging made ready for basic unit sales on permanent shelving or in refrigerator units.

The displayed grocery (food) inventory, Items 1-8 shall be at least 50% of the wholesale dollar value of the total displayed inventory. Snack foods and the anticipated beer inventory shall not constitute more than 25% of the total displayed inventory. If the displayed inventory is not in compliance with the foregoing percentages, attach a sworn statement of explanation.

It is further stipulated and agreed that the off-premises beer license which applicant seeks, if issued, will be issued on the continuing condition that the average monthly sales of grocery items and non-grocery items will bear the same ratio to each other as they do in the inventory submitted, that any deviation in the sales which causes the grocery sales to be less than fifty percent of the total sales or because of the predominant sale of any item so as to be considered a specialty food store will be deemed to have altered the nature of the premises so that it is no longer a bona fide grocery store and may subject the licensee to revocation of the license.

LIQUOR STORE QUESTIONNAIRE

Package Store applicants for PREMISES NOT CURRENTLY LICENSED must complete Section H.

List the four closest package stores and distances from the proposed and/or existing location.

N/A

- (1) Store Name: _____
Address: _____
Distance: _____
- (2) Store Name: _____
Address: _____
Distance: _____
- (3) Store Name: _____
Address: _____
Distance: _____
- (4) Store Name: _____
Address: _____
Distance: _____

STATE OF NEW YORK - LIQUOR AUTHORITY
Renewal Application (Directions for Completion enclosed)

License fee: 300.00
Filing fee: 30.00
Total fee due: 330.00
New effective date: 05/01/2002
New expiration date: 04/30/2005

SPECIAL MAILING REQUEST: Complete if you want your license mailed to an address other than the licensed premises address:

DYKER PARK HOT BAGELS INC

713 86TH STREET
BROOKLYN, NY 11228

112305

RECEIVED MAR 27 2002

NEW SERIAL#: 1006815 OLD SERIAL#: 021KINGA0043905122
713 86TH STREET BROOKLYN, NY 11228

Make sure all names and address information is correct, if not make the necessary changes on the reverse side.

ALL QUESTIONS MUST BE ANSWERED.

Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation.

1. If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority write "YES" in Box #1 and set forth details of changes in facts in the appropriate schedules A and/or B on the reverse side. If no changes in facts have occurred, write "NO" in Box #1.

NO

2. State whether said licensed business presently is regularly kept open and operated by the applicant.

YES
2. ☒

NO
☐

3. If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority.

3. ☐

Not
Applicable
☒

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THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of a PARTNERSHIP
INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION.

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge, that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Date MARCH 18 2002

DYKER PARK HOT BAGELS INC

(Signature of licensee(s))

(Address)

(Home Phone)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION

CORPORATE OFFICER COMPLETE THIS SECTION

Nicholas Dileo certifies that he is President
(Title of Corporate Officer)
of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Dated MARCH 18 2002

(Signature of authorized officer)

DATE

APPROVED

DISAPPROVED

S.L.A. BY

STATE OF NEW YORK - LIQUOR AUTHORITY
(Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if address was changed by Post Office, City, Town, Village or 911 Emergency Systems, please submit notice of authorization from appropriate agency.

Street address of premises to be licensed		Post office address of premises (If different)	
City, town or village - Zip Code	Telephone Number	City, town or village - Zip Code (If different)	
Landlord Name		Landlord Address	

1a. If you answered yes to Question 1, on the reverse, complete the appropriate schedule "A" or "B".

Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have not been reported to the Authority or having been reported have not been acknowledged by the Authority. (If more space is needed, attach rider).

Name of Defendant	Connection with Business (Licensee, employee, patron or other)	Crime or Offense	Date	Disposition in Each case

1b. **Use this schedule, "B" to set forth details of any outstanding loans and/or such "changes" (other than arrests, etc.) which have not been reported to the Authority or having been reported, had not been acknowledged by the Authority. (See instruction forms. If more space is needed, attach rider).**

Nature of Change	Date	Details

NOTIFICATION RIDER TO RENEWAL APPLICATION

ON PREMISES LICENSEES ONLY MUST COMPLETE THIS SECTION

NOTICE TO MUNICIPALITY/COMMUNITY BOARD

You are required by the Alcoholic Beverage Control Law, Section 64, Subdivision 2a, upon receipt of a renewal application for a license to sell alcoholic beverages at retail for consumption on the premises, to promptly notify, in writing, the Clerk of the Village, Town or City wherein the premises are located of your application to the State Liquor Authority not less than thirty days prior to the submission of your application to the Authority. In the City of New York, such notification is to be sent to the community board with jurisdiction over the area in which the premises is located. Notification pursuant to this Section is to be sent by certified mail, return receipt requested. **You must keep the certified mail receipt for your records.**

CERTIFICATION RIDER TO APPLICATIONS

I hereby certify that I have complied with the requirements of Section 64, subdivision 2a of the Alcoholic Beverage Control Law, and have sent notification of my renewal application to become licensed, **by certified mail, return receipt requested** to the Clerk of the City, Town, Village (circle one) of _____, or, in New York City, the Clerk of Community Board # _____ Borough of _____ where the premises are located.

Trade Name _____

Address of Premises _____

Signature _____

License Number _____

Date _____

NOTE: FAILURE TO NOTIFY THE APPROPRIATE MUNICIPALITY OR COMMUNITY BOARD AT LEAST THIRTY (30) DAYS PRIOR TO THE SUBMISSION OF YOUR APPLICATION OR RENEWAL MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

You must keep the certified mail receipt for your records!

STATE OF NEW YORK - LIQUOR AUTHORITY
Renewal Application (Directions for Completion enclosed)

License fee: 330.00
Filing fee: 30.00
Total fee due: 360.00
New effective date: 05/01/2005
New expiration date: 04/30/2008

236722

SPECIAL MAILING REQUEST: Complete if you want your license mailed to an address other than the licensed premises address:

RECEIVED MAR 09 2005

DYKER PARK HOT BAGELS INC

713 86TH STREET
BROOKLYN, NY 11228

NEW SERIAL#: 1006815 OLD SERIAL#: 051KINGA0043905122
713 86TH STREET BROOKLYN, NY 11228
(Premise address)

Make sure all names and address information is correct, if not make the necessary changes on the reverse side.

ALL QUESTIONS MUST BE ANSWERED.

Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation.

1. If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority check "YES" and set forth details of changes in facts in the appropriate **schedules A and/or B** on the reverse side. If no changes in facts have occurred, check "NO".
YES NO
1. ☐ ☒
2. State whether said licensed business presently is regularly kept open and operated by the licensee. If no, submit statement with explanation.
2. ☒ ☐
3. If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority.
3. ☐ ☒ Not Applicable ☐

APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE LICENSE.

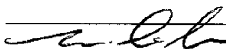
APPLICANT HEREBY AGREES THAT ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY PERSON HAVING ANY INTEREST, DIRECT OR INDIRECT, EITHER IN THE PREMISES OR IN THE BUSINESS TO BE LICENSED, FOR ANY LICENSE OR PERMIT, SHALL BE DEEMED AND MADE A PART HEREOF AND CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTING UPON THIS APPLICATION.

THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP

INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION.

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge, that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Date march 7 2005



(Signature of licensee(s))



(Home Address)

(Home Telephone)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION OR A CLUB

CORPORATE OFFICER OR CLUB ALCOHOLIC BEVERAGE CONTROL (ABC) OFFICER COMPLETE THIS SECTION

Nicholas DiLeo

(Print Name of Corporate Officer)

certifies that he is

Pres

(Print Title of Corporate Officer)

of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Date march 7 2005



(Signature of authorized officer)



(Home Address and Home Telephone)

DATE

APPROVED

DISAPPROVED

S.L.A. BY

STATE OF NEW YORK - LIQUOR AUTHORITY
(Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if physical address of premises was changed by Post Office, City, Town, Village, 911 Emergency Systems, or 911 address reassignment, please submit notice of authorization from appropriate agency.

Street address of premises to be licensed 713 86 St		Post office address of premises (if different)
City, town or village - Zip Code Brooklyn NY	Telephone Number 718 836-6336	City, town or village - Zip Code (if different)
Landlord Name ① Nicholas DiLeo, ② John DiLeo		Landlord Address ② 6717 114 Ave ① 15 Acker St SE New York

1a. If you answered yes to Question 1, on the reverse, complete the appropriate schedule "A" or "B".

Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have not been reported to the Authority or having been reported have not been acknowledged by the Authority. (If more space is needed, attach rider).

Name of Defendant	Connection with Business (Licensee, employee, patron or other)	Crime or Offense	Date	Disposition in Each case (submit copy)

1b. Use this schedule, "B" to set forth details of any outstanding loans and/or such "changes" (other than arrests, etc.) which have not been reported to the Authority or having been reported, have not been acknowledged by the Authority. (See instruction forms. If more space is needed, attach rider).

Nature of Change	Date	Details

NOTIFICATION RIDER TO RENEWAL APPLICATION

ON PREMISES LICENSEES ONLY MUST COMPLETE THIS SECTION

NOTICE TO MUNICIPALITY/COMMUNITY BOARD

You are required by the Alcoholic Beverage Control Law, Section 64, Subdivision 2a, upon receipt of a renewal application for a license to sell alcoholic beverages at retail for consumption on the premises, to promptly notify, in writing, the Clerk of the Village, Town or City wherein the premises are located of your application to the State Liquor Authority not less than thirty days prior to the submission of your application to the Authority. In the City of New York, such notification is to be sent to the community board with jurisdiction over the area in which the premises is located. Notification pursuant to this Section is to be sent by certified mail, return receipt requested. You must keep the certified mail receipt for your records.

CERTIFICATION RIDER TO APPLICATIONS

I hereby certify that I have complied with the requirements of Section 64, subdivision 2a of the Alcoholic Beverage Control Law, and have sent notification of my renewal application to become licensed, by certified mail, return receipt requested to the Clerk of the City, Town, Village (circle one) of _____ or, in New York City, the Clerk of Community Board # _____ Borough of _____ where the premises are located.

Trade Name

Address of Premises

Signature

Serial Number

Date

NOTE: FAILURE TO NOTIFY THE APPROPRIATE MUNICIPALITY OR COMMUNITY BOARD AT LEAST THIRTY (30) DAYS PRIOR TO THE SUBMISSION OF YOUR APPLICATION OR RENEWAL MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

You must keep the certified mail receipt for your records!

STATE OF NEW YORK - LIQUOR AUTHORITY
Renewal Application (Directions for Completion enclosed)

License fee: 330.00
Filing fee: 30.00
Total fee due: 360.00
New effective date: 05/01/2008
New expiration date: 04/30/2011

SPECIAL MAILING REQUEST: Complete if you want your license mailed to an address other than the licensed premises address:

RECEIVED FEB 28 2008

DYKER PARK HOT BAGELS INC

713 86TH STREET
BROOKLYN, NY 11228

858307

NEW SERIAL#: 1006815 OLD SERIAL#: 081KINGA0043905122
713 86TH STREET BROOKLYN, NY 11228

(Premise address)

Make sure all names and address information is correct, if not make the necessary changes on the reverse side.

ALL QUESTIONS MUST BE ANSWERED.

Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation.

1. If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority check "YES" and set forth details of changes in facts in the appropriate **schedules A and/or B** on the reverse side. If no changes in facts have occurred, check "NO".

	YES	NO
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. State whether said licensed business presently is regularly kept open and operated by the licensee. If no, submit statement with explanation.

2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
----	-------------------------------------	--------------------------
3. If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority.

3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not Applicable
----	-------------------------------------	--------------------------	----------------

APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE LICENSE.

THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP

INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION.

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge, that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Nicholas Dileo John Dileo Michael Persico
(Print name of licensee(s)) Date 2/22/08
(Signature of licensee(s)) (Home Address) (Home Telephone)

THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION OR A CLUB

CORPORATE OFFICER OR CLUB ALCOHOLIC BEVERAGE CONTROL (ABC) OFFICER COMPLETE THIS SECTION

Nicholas Dileo certifies that he is President
(Print Name of Corporate Officer) (Print Title of Corporate Officer)
of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

Date 2/21/08
(Signature of authorized officer) (Home Address and Home Telephone)

STATE OF NEW YORK - LIQUOR AUTHORITY
(Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if physical address of premises was changed by Post Office, City, Town, Village, 911 Emergency Systems, or 911 address reassignment, please submit notice of authorization from appropriate agency.

Street address of premises to be licensed		Post office address of premises (if different)	
City, town or village - Zip Code	Telephone Number	City, town or village - Zip Code (if different)	
Landlord Name		Landlord Address	

1a. If you answered yes to Question 1, on the reverse, complete the appropriate schedule "A" or "B".

Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have not been reported to the Authority or having been reported have not been acknowledged by the Authority. Submit copy of Certificate of Disposition or Police Report.

Name of Defendant	Connection with Business (Licensee, employee, patron or other)	Crime or Offense	Date	Disposition in Each case (submit copy)

1b. **Use this schedule, "B" to set forth details of any outstanding loans and/or such "changes" (other than arrests, etc.) which have not been reported to the Authority or having been reported, have not been acknowledged by the Authority. (See instruction forms. If more space is needed, attach rider).**

Nature of Change	Date	Details

NOTIFICATION RIDER TO RENEWAL APPLICATION

ON PREMISES LICENSEES ONLY MUST COMPLETE THIS SECTION

NOTICE TO MUNICIPALITY/COMMUNITY BOARD

You are required by the Alcoholic Beverage Control Law, Section 64, Subdivision 2a, upon receipt of a renewal application for a license to sell alcoholic beverages at retail for consumption on the premises, to promptly notify, in writing, the Clerk of the Village, Town or City, wherein the premises are located, of your application to the State Liquor Authority **NOT LESS THAN THIRTY DAYS PRIOR TO THE SUBMISSION OF YOUR APPLICATION TO THE AUTHORITY**. In the City of New York, such notification is to be sent to the community board with jurisdiction over the area in which the premise is located. *Notification pursuant to this Section is to be sent by certified mail, return receipt requested.* You must submit proof with your renewal application that you have sent the notification to your municipality.

ACCEPTABLE PROOF CONSISTS OF:

1. A copy of the letter sent to the municipality and either the original or a copy of the certified mail receipt card; OR
2. The original or a copy of the letter sent to the municipality, date stamped and signed by the municipality showing receipt.

CERTIFICATION RIDER TO APPLICATIONS

I hereby certify that I have complied with the requirements of Section 64, subdivision 2a of the Alcoholic Beverage Control Law, and have sent notification of my renewal application to become licensed, by certified mail, return receipt requested to the Clerk of the (CIRCLE ONE) City, Town, Village of _____ OR, in New York City, the Clerk of Community Board # _____ Borough of _____ where the premises are located.

Trade Name _____

Address of Premises _____

Signature _____

New Serial Number _____

Date _____



RENEWAL

Please complete all of the fields provided in the form. If the field does not apply to your renewal, please write NA in the field. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Licensed Premises Name:	<input type="text" value="Dyker Park Hot Bagels Inc."/>	License Serial #:	<input type="text" value="1006815"/>
Trade Name (if applicable):	<input type="text"/>	Effective Date:	<input type="text" value="5/01/2008"/>
Federal Employer Identification Number:	<input type="text" value="REDACTED"/>	Expiration Date:	<input type="text" value="4/30/2011"/>
Certificate of Authority Number:	<input type="text" value="REDACTED"/>		

If you hold an on-premises license, please select the method of operation from the following list:

- ☐ Bar/Tavern
 ☐ Cabaret
 ☐ Cafe
 ☐ Catering Establishment
☒ DELI
☐ Club (i.e., Fraternal Org)
☐ Hotel
☐ Night Club
☐ Pizzeria
☐ Restaurant

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board or notification from the Post Office.

Licensed Premises Address:	<input type="text" value="713 86th Street"/>		
City:	<input type="text" value="Brooklyn"/>	State:	<input type="text" value="New York"/>
		Zip Code:	<input type="text" value="11228"/>
County:	<input type="text" value="Kings"/>	Email Address:	<input type="text" value="Ndileo713@aol.com"/>
Premises Telephone # (include area code):	<input type="text" value="(718) 836-6336"/>	Contact Phone # (include area code):	<input type="text" value="(646) 533-1865"/>

Mailing Address (if different than premises address)

Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

Is your licensed premises closed? ☐ YES ☒ NO

If yes, is your license in safekeeping with the New York State Liquor Authority? ☐ YES ☐ NO

Landlord Name and Address

Landlord Name:	<input type="text" value="Nicholas Dileo"/>		
Address:	<input type="text" value="15 Arbor Court"/>		
City:	<input type="text" value="Staten Island"/>	State:	<input type="text" value="New York"/>
		Zip Code:	<input type="text" value="10301"/>

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, ever been **ARRESTED** and/or **CONVICTED** (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☐ NO ☒ Previously Reported

If YES, complete the chart below and where applicable, submit a **Police Report**, **Certificate of Disposition**, **Certificate of Conviction** or a **Certificate of Relief from Disabilities** from the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer, employee)	Date of Offense	Nature of the arrest and/or conviction	Disposition
Michael Persico	Owner	3/08/10	DUI	Case Pending

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Individual Applicant *(This section must be completed, signed and dated by the individual applicant.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Signature	Title		Date		


B. Partnership *(This section must be completed, signed and dated by each partner.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

B. Partnership (Continued -attach additional sheets if necessary)


Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State:	Zip Code:
Telephone # (include area code):		Cell Phone # (include area code):
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> Partner Signature Title Date </div>		


C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Date of Birth:	
Residence street address:		
City:		
Title:	President 	
Telephone # (include area code):		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> Authorized Signature Title Date </div>		

Please list all other principals associated with the license in the space below.

(Attach additional sheets as needed to include all principals)

Print Name:	Date of Birth:	
Residence street address:		
City:		
Title:	Partner 	
Telephone # (include area code):		

Print Name:	Date of Birth:	
Residence street address:		
City:		
Title:	Partner 	
Telephone # (include area code):		

List of other principals continued (Attach additional pages as needed to include all principals)

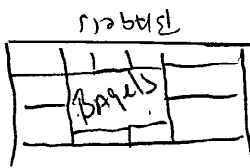
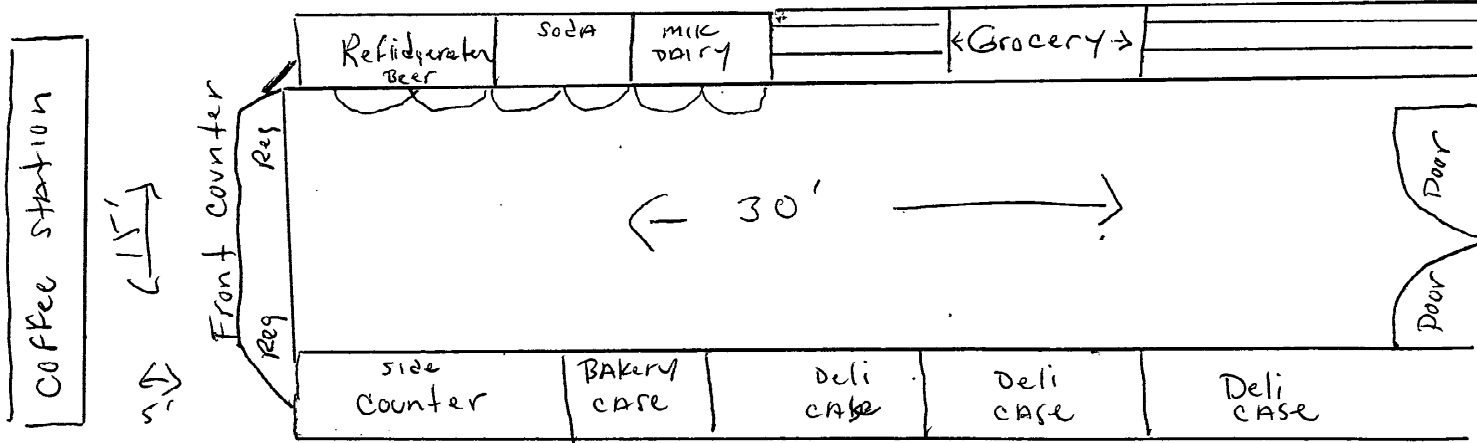
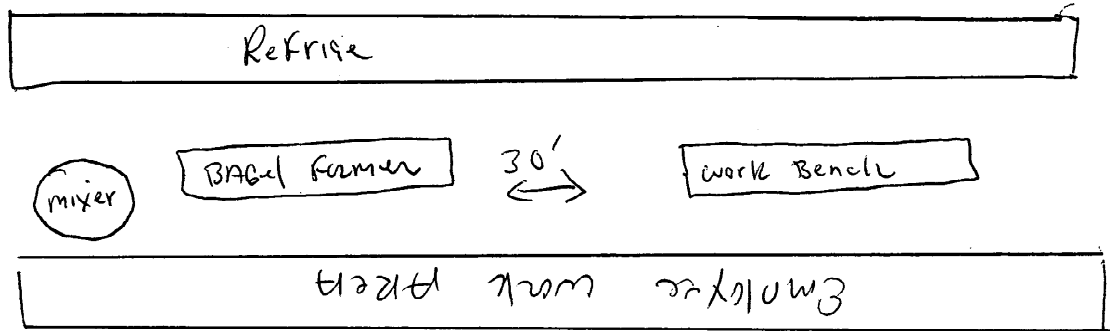
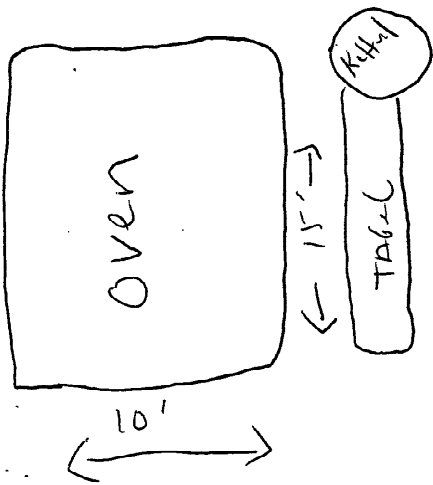
Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

D. Club (This section must be completed, signed and dated by the Authorized Club Alcoholic Beverage Control (ABC) Officer.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature _____		Title _____		Date _____	

If there have been any changes to the principals of the license, any physical changes to the establishment or changes to the approved method of operation you must file the appropriate change application that can be found on our website at: www.abc.state.ny.us. You must receive approval from the Authority before making any such changes.



BACK Counter work AREA

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RENEWAL**B. Partnership (Continued-attach additional sheets if necessary)**

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (include area code):			Cell Phone # (include area code):		
Partner Signature			Title		
			Date		

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.)
This principal should be the primary point of contact.

Print Name:	Nicholas DiLeo	Date of Birth:	
Residence street address:			
City:			
Title:	President		
Telephone # (include area code):			
Authorized Signature			Date
		6-2-11	

Please list all other principals associated with the license in the space below.
(Attach additional sheets as needed to include all principals)

Print Name:	John DiLeo	Date of Birth:	
Residence street address:			
City:			
Title:	Partner		
Telephone # (include area code):			

Print Name:	Michael Persico	Date of Birth:	
Residence street address:			
City:			
Title:	Partner		
Telephone # (include area code):			

RETAIL-RENEWAL**ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL****1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NOIf yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name:

Dyker Park Hot Bagels Inc.

License Serial #:

Trade Name (if applicable):

Dyker Park Hot Bagels

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- ☐ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Hotel ☐ Bed & Breakfast ☐ Ball Park/Stadium/Arena
☐ Bar/Tavern ☐ Sports Bar ☐ Cabaret ☒ Deli ☐ Night Club/Dance Club ☐ Adult Entertainment ☐ Country Club/ Golf Course

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ BothIf dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? ☐ YES ☐ NOIs there topless entertainment at the premises? ☐ YES ☐ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board.

Licensed Premises Address:

City:

State:

Zip Code:

County:

Email Address:

Premises Telephone # (include area code):

Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

RETAIL-RENEWAL**1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee**

Landlord Name: Nicholas S. Lee

Address: 15 Arthur Court

City: Staten Island State: New York Zip Code: 10301

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☐ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

Signature Title Date

RETAIL-RENEWAL**B. Partnership** (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	Nicholas Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Telephone # (include area code):	[REDACTED]		
Partner Signature	[Signature]	Title	Pres
		Date	4/11/19

Print Name:	Julia Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Telephone # (include area code):	[REDACTED]	Cell Phone # (include area code):	[REDACTED]
Partner Signature	[Signature]	Title	Vice Pres
		Date	4/11/19

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.
This principal should be the primary point of contact.)

Print Name:	Nicholas Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Title:	Pres		
Telephone # (include area code):	[REDACTED]		
Authorized Signature	[Signature]	Title	Pres
		Date	4/11/19

RETAIL-RENEWAL

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name:	<u>John Dileo</u>	Date of Birth:		Social Security #:	
Residence street address:					
City:					
Title:					
Telephone # (include area code):					

Print Name:	<u>Michael Pasier</u>	Date of Birth:			
Residence street address:					
City:		State:		Zip Code:	
Title:	<i>will Remove by copyright change</i>				
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

RETAIL-RENEWAL

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature	Title		Date		

This form is to be used by a corporate licensee to apply for permission to make a corporate change involving (1) change of officers or directors, LLC Members, etc., or (2) where there are fewer than 10 stockholders, any change in stock-holdings, or (3) where there are 10 or more stockholders, any change involving 10% or more of the stock or any change in stock-holdings which would increase the holdings of any one stockholder to 10% or more of the stock.

Such change cannot become effective under the Alcoholic Beverage Control Law until permission has been granted by the State Liquor Authority. Therefore, it is recommended that any change be made conditional upon approval by the State Liquor Authority.

Section A

Serial Number	<input type="text" value="1006815"/>	County	<input type="text" value="Kings"/>	Telephone #	<input type="text" value="718-836-6336"/>
Full Name of Licensee as listed on the License	<input type="text" value="Dyker Park Hot Bagels Inc"/>				
Trade Name (DBA) as listed on the License Certificate	<input type="text"/>				
Complete Address of Licensed Premises including Zip	<input type="text" value="713 86th Street, Brooklyn, New York 11228"/>				
Post Office/Mailing Address, if different than premises	<input type="text"/>				
FEIN#	<input type="text"/>				

Name of Contact	<input type="text" value="Mary P Flynn"/>	<input checked="" type="radio"/> Attorney	<input type="radio"/> Representative	<input type="radio"/> Contact	
Office Address	<input type="text" value="198 Beach 102nd Street, 2nd Floor"/>				
City	<input type="text" value="Rockaway Park"/>	State	<input type="text" value="New York"/>	Zip Code	<input type="text" value="11694"/>
Telephone Number of Office (Include Area Code)	<input type="text" value="718-945-1000"/>				
E-mail Address (if available)	<input type="text" value="marypflynn@hotmail.com"/>				

Submit a completed Notice of Appearance

RECEIVED
NY State Liquor Authority

APR 22 2014

Albany, NY
Licensing Bureau

Section B

Change Requested: Check all that apply

- ☐ New stockholding(s)/stockholder(s). ☒ The removal of officer(s)/director(s)/member(s).
☐ Appointment of new officer(s)/director(s)/member(s). ☐ Death of officer(s)/director(s)/member(s)/stockholder(s).

1. How was the interest acquired in the Corporation/LLC?

2. Are there any other licenses held in New York under this corporation/LLC? If yes, list all serial numbers.

Section C**Identification of Individuals**

Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, attach additional sheets if necessary. (Current Approved Corporate Set-Up)

Name	Current Title(s)	Current % of Interest	Current Number of Shares
Nicholas DiLeo	Treasurer		20 shares
John DiLeo	Secretary		20 shares
Michael Persico	President		20 shares

Part 2. List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change, attach additional sheets if necessary. (Proposed Corporate Set-Up)

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	if New
Nicholas DiLeo	President		30 shares	<input checked="" type="checkbox"/>
John DiLeo	Secretary		30 shares	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.



Section D

The licensee represents that there have been no changes other than those set forth herein, in any of the facts required to be set forth in the application for license, and agrees that any application filed by it or by any of its officers, directors or stockholders, for any license or permit under the Alcoholic Beverage Control Law, and the occupation record submitted herewith, shall be deemed and made a part hereof and considered by the Authority in acting upon this Application for Approval of Corporate Change.

I/We, the Applicant(s) also certify that all papers filed in support of this application or any application filed under the Alcoholic Beverage Control Law by any person having an interest, direct or indirect, either in the business to be licensed or any license or permit shall be deemed a part hereof and considered by the State Liquor Authority in acting upon this application.

I/We understand that the information I/we submit will be relied on by the State Liquor Authority in acting on this application. I/we understand that any false statements or misrepresentations shall constitute sufficient cause for the disapproval of the applications and/or revocation, cancellation or non-renewal of any license which is issued or affected as a result of such application.

I/We verify that all of the above statements are true. If any of the above information changes prior to receipt of the license or approval of the corporate change, I/we will notify the Authority by registered or certified mail within 48 hours. If any changes occur after the issuance of the license or approval applied for, I/we understand that failure to give the required notice may constitute a violation of Section 110 of the Alcoholic Beverage Control Law and/or Rule 36.1(j) of the State Liquor Authority and will result in proceedings to revoke, cancel or suspend such license.

I/We, the Applicant(s) certify that there are no financial transactions involved concerning the license applied for EXCEPT as described herein.

Michael Persico
(Print Name)

certifies that he is

President
(Title)

of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge that he has been authorized by order of the Board of Directors of said licensee to make the statements and answers therein in behalf of said licensee with the same force and effort as if said licensee made such statements and answers itself.

3/25/14
Dated

Michael Persico
(Signature of Currently Authorized Officer)

Nicholas DiLeo
(Print Name)

certifies that he is to be

President
(Title)

of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge.

Dated

[Signature]
(Signature of Proposed Authorized Officer)

OFFICE USE ONLY:

Approved or Disapproved

License Board Member

Dated

APPLICATION FOR APPROVAL OF CORPORATE CHANGE

Use this Form for changes in the corporate set up caused by:

1. Appointment of new officer(s)/director(s)/member(s).
2. New stock-holdings or stockholder(s).
3. The removal of officer(s)/director(s)/member(s)/stockholder(s).
4. Death of officer(s)/director(s)/member(s)/stockholder(s).

DO NOT USE THIS FORM:

1. As an application to change the type of license you currently hold. (Class Change Application)
2. As an application to remove your licensed business to a new location. (Removal Application)
3. As an application to appoint a new ABC Officer. (ABC Officer Application)
4. As an application to change from a Partnership to a Corporation/LLC or from a Corporation/LLC to a Partnership. (New Application)
5. As an application to reflect the death of a Licensee (*individual or partner*). (Endorsement Application)
6. As an application to reflect court appointments of representative. (Endorsement Application)
7. As an application to reflect the dissolution of Partnership or Addition of Partner. (Endorsement Application)
8. As an application to reflect name changes due to Marriage or Divorce. (Endorsement Application)
9. As an application to change from a Sole Proprietorship to a Corporation/LLC. (Endorsement Application)

RECEIVED
APR 25 2014
LICENSING BY 

The application for Approval of Corporate Change must be completed and accompanied by the appropriate documentation as listed in the instructions portion below as well as a check or money order in the amount of **\$128, payable to the New York State Liquor Authority**.
(The Law does not provide for any refund of corporate change fees.)

Mail application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817.

INSTRUCTIONS:

- 1) Submit a certified check, bank check, money order, or personal check payable to the New York State Liquor Authority for the amount of \$128.
- 2) Complete ALL sections of the application.
- 3) In Section B, indicate the change requested.
- 4) In Section C, list all officers, directors, LLC Members, LLC Managers, stockholders, etc. as indicated in such section.
- 5) In Section D, read the contents thoroughly; both the currently authorized principal and the proposed authorized principal must sign and date this section.

ALL Corporate Change applications must be accompanied by the following documentation:

- 1) Agreement of Purchase & Sale if change in stock-holdings and/or Corporate Minutes showing the appointment/change of any officer and/or director, and/or stockholder and/or LLC Member/Manager.
- 2) If there was a Death of an officer/director/member/stockholder, submit a copy of the Death Certificate as well as any Letters of Testamentary/Administration and Last Will & Testament, if available.
- 3) A Personal Questionnaire must be submitted for each new person who is to be an officer and/or director, and/or stockholder and/or LLC Member/Manager as well as proof of citizenship, photo ID and a recent original color photo as well as fingerprint submission. (See the bottom of Application Page 2; Forms are available for download on our website: www.sla.ny.gov).
- 4) Completed Applicant's Statement for each new principal.
- 5) Statement of Finances (Form 180-021B) if change in stock-holdings. List assets pertaining to new investment and new investors.
- 6) Proof of Finances as stated in Form 180-021B.
- 7) Pursuant to Section 110-b, if the applicant is located within the City of New York and licensed pursuant to Section 55, 55a, 64, 64a, 64c, 64d, 81 or 81a (*on-premise licensees*), an applicant shall notify the community board in which the premises is located of such applicant's intent to file an application for approval of a *substantial corporate change*.*

**Substantial corporate change* means a change in eighty percent (80%) or more of the officers and/or directors, LLC Managers/Members, stockholders, or an existing stockholder or member obtaining a cumulative of eighty percent (80%) or more of the stock of a corporation or ownership interest in said company. Such notification shall be on a standardized form from the Liquor Authority and be made by: certified mail, return receipt requested; overnight delivery service with proof of mailing; or personal service upon the offices of the community board not less than thirty days before filing any such application.

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NOIf yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name:

Dyker Park Hot Bagels Inc.

License Serial #:

Trade Name (if applicable):

Dyker Park Hot Bagels

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- ☐ Restaurant ☐ Catering Establishment ☐ Club (i.e. Fraternal Org) ☐ Hotel ☐ Bed & Breakfast ☐ Ball Park/Stadium/Arena
☐ Bar/Tavern ☐ Sports Bar ☐ Cabaret ☒ * Deli ☐ Night Club/Dance Club ☐ Adult Entertainment ☐ Country Club/ Golf Course

If dancing is permitted at the premises, who is permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ BothIf dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? ☐ YES ☐ NOIs there topless entertainment at the premises? ☐ YES ☐ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board.

Licensed Premises Address:

City:

State:

Zip Code:

County:

Email Address:

Premises Telephone # (include area code):

Contact Phone # (include area code):

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

RETAIL-RENEWAL**1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee**

Landlord Name:

Nicholas DiLeo

Address:

15 Arbor Court

City:

Staten Island

State:

New York

Zip Code:

10301

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☐ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition


3. Applicant Information and Certification


The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)


Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (include area code):			Cell Phone # (include area code):		
Signature	Title			Date	

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	Nicholas Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Telephone # (include area code):	[REDACTED]		
Partner Signature		Title	Pres
		Date	4/14/09

Print Name:	John Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Telephone # (include area code):	[REDACTED]	Cell Phone # (include area code):	[REDACTED]
Partner Signature		Title	Vice Pres
		Date	4/14/09

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.
This principal should be the primary point of contact.)

Print Name:	Nicholas Dileo	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Title:	Pres		
Telephone # (include area code):	[REDACTED]		
Authorized Signature		Title	Pres
		Date	4/14/09

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name:	<u>John DeLoe</u>	Date of Birth:		Social Security #:	
Residence street address:					
City:					
Title:					
Telephone # (include area code):					

Print Name:	<u>Michael Pavia</u>	Date of Birth:			
Residence street address:					
City:		State:		Zip Code:	
Title:	<u>will Remove by corporate change</u>				
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature:	Title		Date		

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.

Licensed Premises Name:

Dyker Park Hot Bachelors

License Serial #:

10068K

Trade Name (if applicable):

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

☐ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Ball Park/Stadium/Arena ☐ Cabaret ☐ Bed & Breakfast
☐ Bar/Tavern ☐ Adult Entertainment ☐ Night Club/Dance Club ☐ Country Club/ Golf Course ☐ Hotel ☒ Deli/Bakery
☐ Sports Bar

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees ☐ Both ☒ Not ApplicableIf dancing is permitted, is there exotic dancing (i.e. pole dancing, lap dancing, etc.)? ☐ YES ☐ NO ☒ Not ApplicableIs there topless entertainment at the premises? ☐ YES ☒ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

Licensed Premises Address:

713 86 St

*Required

City:

Brooklyn

State:

New York

Zip Code:

11228

County:

Kings

Email Address:

*Required

ndileo713@aol.com

Premises Telephone # (include area code):

718 836-6336

Contact Phone # (include area code):

646 533-1865

*Required

If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

E. Nicholas Dile 713 86th LLC.

Address:

713 86th

City:

Brooklyn

State:

New York

Zip Code:

11228

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☒ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition


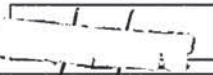


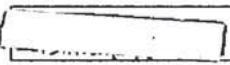

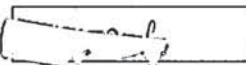



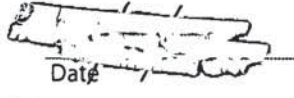
3. Applicant Information and Certification


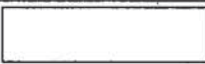
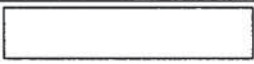



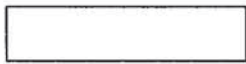

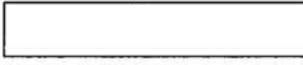


The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

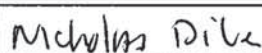



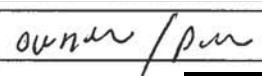

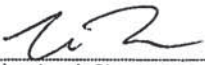
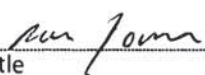
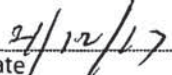
Print Name:	<u>[Signature]</u>	Date of Birth:	<u>[Signature]</u>	Social Security #:	<u>[Signature]</u>
Residence street address:	<u>[Signature]</u>				
City:	<u>[Signature]</u>	State:	<u>[Signature]</u>	Zip Code:	<u>[Signature]</u>
Telephone # (include area code):	<u>[Signature]</u>	Cell Phone # (include area code):	<u>[Signature]</u>		
<u>[Signature]</u>		Title	<u>[Signature]</u>		Date
<u>[Signature]</u>		<u>[Signature]</u>		<u>[Signature]</u>	

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (include area code):			Cell Phone # (include area code):		
Partner Signature			Title		

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (include area code):			Cell Phone # (include area code):		
Partner Signature			Title		

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.)
This principal should be the primary point of contact.)

Print Name:		Date of Birth:			
Residence street address:					
City:					
Title:					
Telephone # (include area code)					
Authorized Signature			Title		
				Date 	

B. Partnership *(This section must be completed, signed and dated by each partner.)*
Attach additional sheets if necessary

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

C. Corporation, LLC or LLP *(This section must be completed, signed and dated by an authorized officer.)*
This principal should be the primary point of contact.

Print Name:	<input type="text" value="Nicholas Dileo"/>	Date of Birth:	<input type="text"/>
Residence street address:	<input type="text"/>		
City:	<input type="text"/>		
Title:	<input type="text" value="President"/>		
Telephone # (include area code):	<input type="text"/>		
Authorized Signature	<input type="text" value="President"/>	Date <input type="text" value="5/12/17"/>	

100 68 15. 7482-28.

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name:	John Dileo	Date of Birth:	
Residence street address:			
City:			
Title:	Secretary		
Telephone # (Include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (Include area code):		Cell Phone # (Include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (Include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (Include area code):		Cell Phone # (include area code):			

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NOIf yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name:

Dyker Park Hot Baked Ice

License Serial #:

1006815

Trade Name (if applicable):

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

☐ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Ball Park/Stadium/Arena ☐ Cabaret ☐ Bed & Breakfast
☒ Bar/Tavern ☐ Adult Entertainment ☐ Night Club/Dance Club ☐ Country Club/ Golf Course ☐ Hotel ☒ Deli/Bakery
☐ Sports Bar

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees ☐ Both ☒ Not ApplicableIf dancing is permitted, is there exotic dancing (i.e. pole dancing, lap dancing, etc.)? ☐ YES ☐ NO ☒ Not ApplicableIs there topless entertainment at the premises? ☐ YES ☒ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

Licensed Premises Address:

713 86 St

*Required

City:

Brooklyn

State:

New York

Zip Code:

11228

County:

Kings

Email Address:

*Required

ndileo713@aol.com

Premises Telephone # (include area code):

718 836-6336

*Required

Contact Phone # (include area code):

646 533-1865

If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name: (Nicholas Dile) 713 86th LLC.

Address: 713 86th

City: Brooklyn State: New York Zip Code: 11228

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☒ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:	<u>[Signature]</u>	Date of Birth:	<u>11/1/77</u>	Social Security #:	<u>123-45-6789</u>
Residence street address:	<u>123 4th St</u>				
City:	<u>Brooklyn</u>	State:	<u>NY</u>	Zip Code:	<u>11228</u>
Telephone # (include area code):	<u>718-123-4567</u>	Cell Phone # (include area code):	<u>[Redacted]</u>		
Signature: <u>[Signature]</u>		Title:	<u>Owner</u>		
		Date:	<u>11/1/17</u>		

Print Name: Date of Birth Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

Partner Signature Title Date

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name: Nicholas Dile Date of Birth: [REDACTED]

Residence street address: [REDACTED]

City: [REDACTED]

Title: owner / pm

Telephone # (include area code): [REDACTED]

[Signature]
Authorized Signature

[Signature]
Title

24/12/17
Date

C. - Continued - All remaining Principals on the license must be listed below.***(Attach additional sheets as needed to include all principals)***

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		